

**Behavioral
Health and Service
Integration
Administration**

Jane Beyer, Assistant Secretary

2013-2015

Strategic Plan



Washington State
**Department of Social
& Health Services**

We transform lives

VISION

People are healthy,
safe and supported

MISSION

To transform lives by
supporting sustainable
recovery, independence
and wellness

VALUES

Teamwork and Cooperation
Respect
Accountability

Introduction

Behavioral Health and Service Integration Administration (BHSIA) provides prevention, intervention, inpatient treatment, outpatient treatment and recovery support to people with addiction and mental health needs.

Over the last biennium:

- 203,000 clients participated in mental health treatment provided through 11 Regional Support Networks (RSN's)
- 95,000 clients participated in substance abuse treatment
- 51,000 clients participated in substance abuse prevention activities
- 688 clients participated in gambling treatment and
- 17 problem gambling prevention initiatives were funded

BHSIA operates three state psychiatric hospitals, Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center. These hospitals have a combined capacity to serve over 1,100 patients.

BHSIA has 2,330 employees and a biennial budget of \$1.9 billion.

BHSIA's core services focus on:

- **Individual Support** - Providing support to clients who face challenges related to addictions or mental illness, including the prevention of substance abuse and gambling addiction.
- **Health Care Quality and Costs** - Design and implement integrated care systems, in conjunction with other DSHS administrations and the Health Care Authority (HCA). This will improve client health outcomes and contain health care costs.
- **Administration** - Providing management infrastructure to support Aging and Disability Services (ADS) administrative functions such as accounting, fiscal, forecasting, contracting and information technology.

DSHS Goals

Goal 1

HEALTH – Each individual and each community will be healthy.

Goal 2

SAFETY – Each individual and each community will be safe.

Goal 3

PROTECTION – Each individual who is vulnerable will be protected.

Goal 4

QUALITY OF LIFE – Each individual in need will be supported to obtain the highest possible quality of life.

Goal 5

PUBLIC TRUST – Strong management practices will be used to ensure quality and efficiency.

Governor Jay Inslee's Results Washington Goals

BHSIA is a partner in Governor Jay Inslee's **Results Washington**, a focused effort to create effective, efficient and accountable government. **Results Washington** Goal Area number 4 is Healthy and Safe Communities. Within this goal area, BHSIA has lead responsibility for four success metrics under the *Healthy Youth and Adults* success indicator.

BHSIA's four **Results Washington** success metrics are:

- Increase the number of adults (18 and over) receiving outpatient mental health services from 56,000 to 62,000 by June 30, 2015.
- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from 59 percent to 65 percent by December 31, 2014.
- Increase the percent of outpatient chemical dependency treatment retention in adults from 62 percent to 64 percent by June 30, 2015.
- Increase the percent of outpatient chemical dependency treatment retention in youth from 65 percent to 67 percent by June 30, 2015.

Department of Social and Health Services (DSHS) Goals

As a member of the DSHS Team, BHSIA also has lead responsibility for performance metrics that fit within DSHS' Departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to obtain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

BHSIA has the following success metrics in support of the DSHS Goals listed below:

Health:

- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.
- Increase the number of adults (18 and over) receiving outpatient mental health services.
- Increase the number of youth (under age 18) receiving outpatient mental health services.
- Increase the percent of participants in BHSIA-funded chemical dependency prevention programs that are evidence based.
- Increase the percent of outpatient chemical dependency treatment retention in adults.
- Increase the percent of outpatient chemical dependency treatment retention in youth.

- Decrease the rate of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center.
- Decrease the quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of seclusion hours and restraint hours at the Child Study and Treatment Center.
- Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.
- Improve health outcomes for individuals with high medical risk factors.

Safety:

- Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

Quality of Life:

- Increase the rates of employment and earnings for those receiving BHSIA chemical dependency treatment.

Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of importance, a quantified success measure, a timeline for achieving it and, most importantly, an Action Plan.

BHSIA Strategic Objectives are monitored and reported quarterly at <http://ppa.dshs.wa.lcl/CoreMetrics/Pages/ExcelNEW.aspx>. Each BHSIA Action Plan will be updated quarterly.

Strategic Objectives, Importance, Success Measures and Action Plans

DSHS Goal 1: Health - Each individual and each community will be healthy.

Strategic Objective 1: Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.

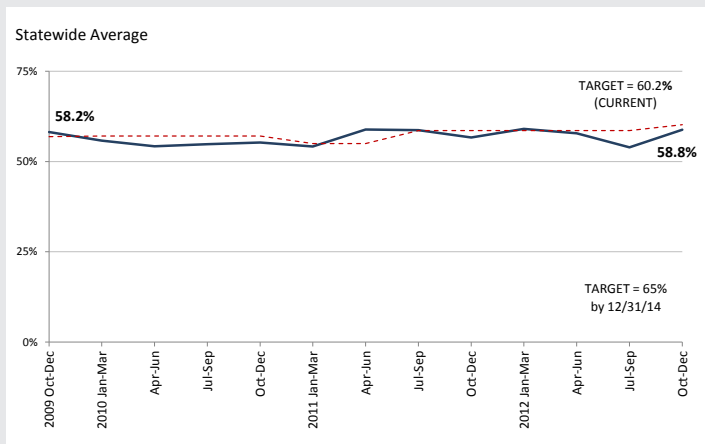
Importance: Persons who receive outpatient services shortly after discharge from an inpatient setting are less likely to require re-hospitalization or crisis services subsequent to discharge.

Success Measure: Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from 59 percent to 65 percent by December 31, 2014.

Action Plan:

- Continue performance-based contracts requiring the Regional Support Networks (RSN's) to meet these specific performance targets.
- When an RSN is not meeting its specified target use corrective action plans to increase RSN accountability (Note: each RSN has a different target based on its baseline performance – the 65 percent success measure above is a statewide average).

Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings



Strategic Objective 2: Increase the number of adults (18 and older) receiving outpatient mental health services.

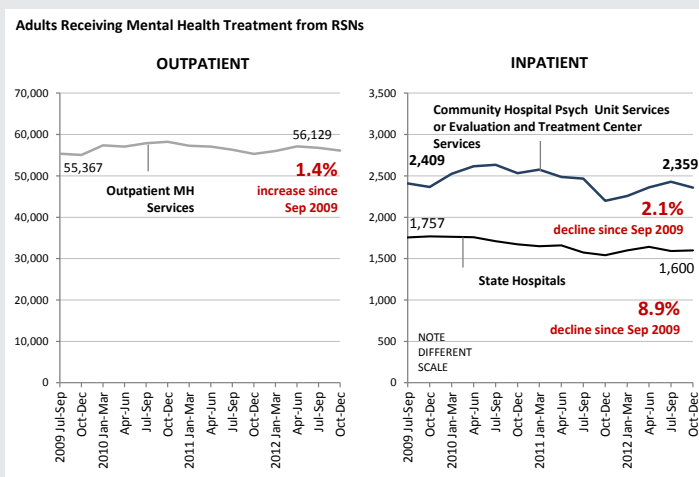
Importance: Beginning January 1, 2014, the Affordable Care Act will expand Medicaid eligibility for many adults who previously were not eligible for health care coverage. Persons who are eligible for Medicaid and require mental health services must be given access to those services. This expansion will increase the opportunity for persons with mental illnesses to receive services, recover, reduce long-term costs and improve their quality of life.

Success Measure: Increase the number of adults (18 and over) receiving outpatient mental health services from the current average monthly caseload of 56,000 to 62,000 by June 30, 2015.

Action Plan:

- Provide additional funding appropriated in the 2013-2015 operating budget to RSN's to serve adults newly eligible for Medicaid, including expansion of community based crisis intervention and diversion services.
- Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll people who previously were not eligible for Medicaid and therefore had very limited access to mental health services.

Number of adults (18 and older) receiving outpatient and inpatient mental health services



Strategic Objective 3: Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

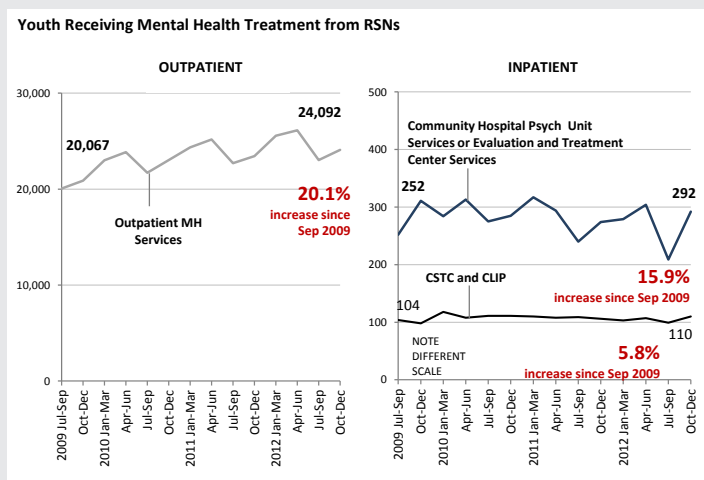
Importance: Expanding the array of available outpatient mental health services and supports beyond those currently offered to children and youth, particularly for children and youth with the most serious challenges will reduce long-term costs and improve their quality of life.

Success Measure: The number of youth receiving outpatient mental health services will increase from a current average monthly caseload of 24,000 to 27,000 by July 2015, and youth inpatient utilization will remain at current levels or decrease.

Action Plan: Utilize the Key Children's Mental Health Improvement Strategies identified in the System of Care initiative and the Children's Mental Health Redesign plan. The elements of these efforts work together to:

- Increase the use of intensive, wraparound community-based mental health services and supports that research has shown to be most effective
- Focus strategies to use inpatient care more efficiently
- Enhance transitional planning to reduce inpatient length of stay
- Increase youth and family leadership at all levels of system change efforts

Number of youth (under age 18) receiving outpatient and inpatient mental health services



Strategic Objective 4: Increase the percent of participants in BHSIA funded chemical dependency prevention programs that are evidence-based.

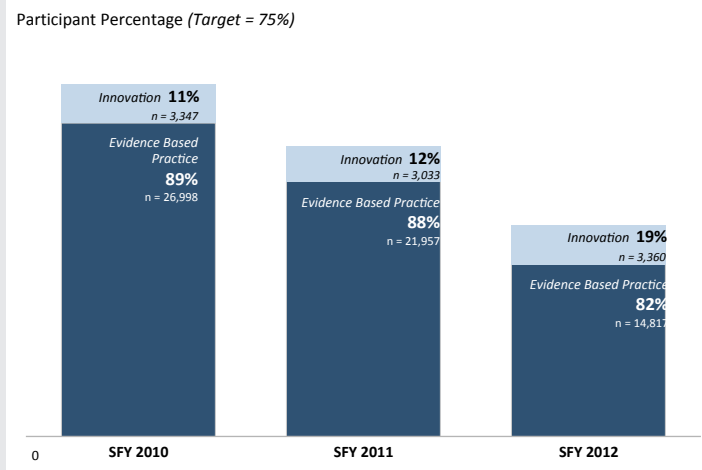
Importance: Evidence based prevention programs can significantly reduce the risk of serious substance use disorders.

Success Measure: At least 75 percent of chemical dependency prevention clients will participate in BHSIA funded chemical dependency prevention programs that are evidence-based.

Action Plan:

- Continue to support the Prevention Redesign Initiative (PRI), which is an innovative collaborative effort between BHSIA, counties, the Office of Superintendent of Public Instruction, Educational Service Districts and local communities to help prevent or reduce substance abuse.
- Work with counties to maintain the use of evidence-based practices and ensure compliance with the performance targets included in their contracts with DSHS.

Percent of participants in BHSIA-funded chemical dependency prevention program that are evidence-based



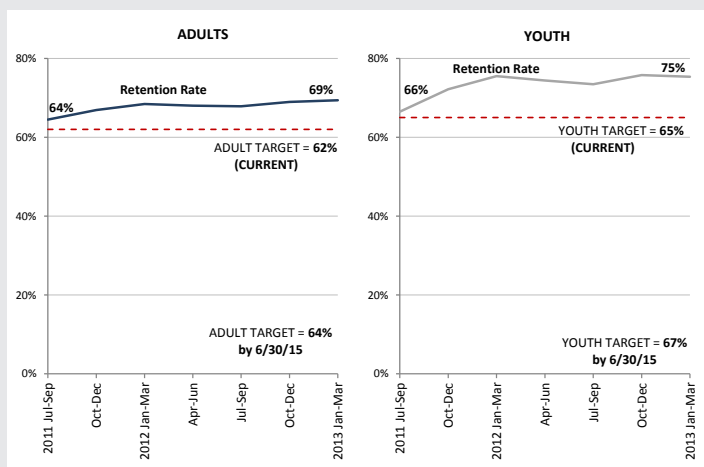
Strategic Objective 5: Increase the percent of outpatient chemical dependency treatment retention in adults.

Importance: Research indicates that remaining in treatment for at least 90 days is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

Success Measure: Increase the percent of outpatient chemical dependency treatment retention in adults from 62 percent to 64 percent by June 30, 2015.

Action Plan: Amend county chemical dependency contracts starting January 2014 to reflect this expectation and monitor county progress in achieving these increases. Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment, consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet their target percentages. Offer technical assistance upon request and work closely with providers who are not showing progress in meeting their targets.

Percentage of outpatient chemical dependency treatment retention, adults and youth (statewide)



Strategic Objective 6: Increase the percent of outpatient chemical dependency treatment retention in youth.

Importance: Research indicates that remaining in treatment for at least 90 days is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

Success Measure: Increase the percent of outpatient chemical dependency treatment retention in youth from 65 percent to 67 percent by June 30, 2015.

Action Plan: Amend county chemical dependency contracts starting January 2014 to reflect this expectation and monitor county progress in achieving these increases. Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment, consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet their target percentages. Offer technical assistance upon request and work closely with providers who are not showing progress in meeting their targets.

Strategic Objective 7: Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital.

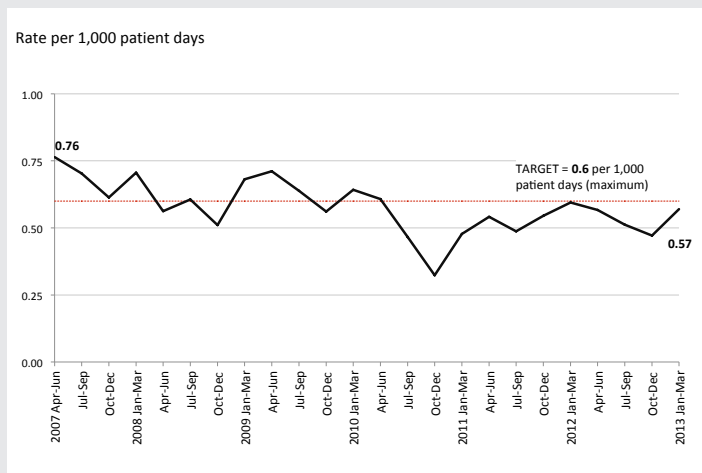
Importance: Reducing patient to staff assaults will increase staff safety and well-being, as well as reduce expenditures for work-place related injury claims. This emphasis on workplace safety also will result in improved patient safety.

Success Measure: Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital from 0.57 assaults per 1,000 patient days to 0.50 assaults per 1,000 patient days by 2015.

Action Plan:

- Continue to assess, refine and implement the workplace safety plan.
- Continue to assess the hospital environment to identify unsafe items and issues that need to be corrected.
- Continue staff training on managing patients who may be assaultive.
- Continue to train staff in the use of treatment interventions that can help patients resolve situations that might otherwise lead to assaults.
- Maintain a Transitional Return to Work (TRTW) program to help employees who have been injured in the workplace stay connected to the work environment and return to work sooner.

Rate of patient-to-staff assault claims filed at the state psychiatric hospitals



Strategic Objective 8: Decrease the quarterly rates of patient seclusion hours at Eastern State Hospital and Western State Hospital.

Importance: Reduced rates of patient seclusion promote a therapeutic recovery environment resulting in fewer patient assaults on other patients or staff.

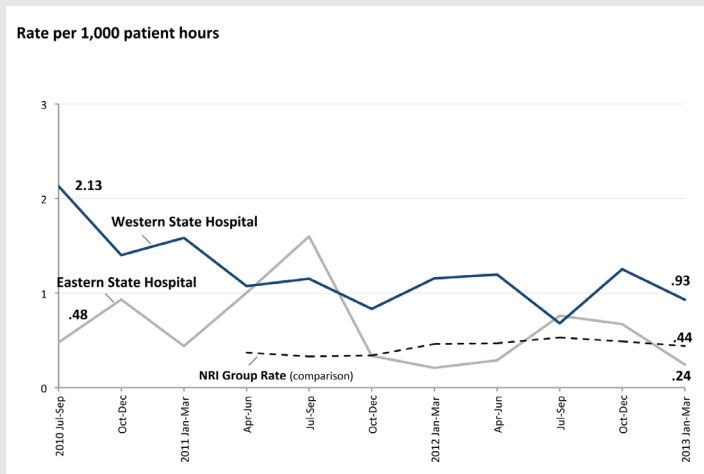
Success Measure: Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the current 0.24 per 1,000 patient hours to 0.15 by July 2015. Also decrease the rates of seclusion at Western State Hospital from a current average of 1.05 hours per 1,000 inpatient hours to 0.76 by the 4th quarter of FY 2015.

Action Plan:

- Continue staff training on managing patients who may be assaultive.
- Continue to provide training to assist staff in using clinical interventions that reduce the need for seclusion.
- Eastern State Hospital will continue to help staff identify treatment options when the use of seclusion is imminent. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Each member of the Western State Hospital Executive Leadership Team will continue to hold daily briefings with staff to assess the use of seclusion. As a result of the briefing the following actions may be taken:
 - On-site conferencing with the registered nurse or medical doctor to review the patient's status
 - Revision of the patient's treatment plan
 - Provision of clinical guidance, and support

Leadership also will use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target specific interventions to the needs and challenges of specific areas of the hospital.

Quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital



Strategic Objective 9: Maintain the quarterly rates of restraint use at Eastern State Hospital and decrease the quarterly rates of restraint use at Western State Hospital.

Importance: Reduced use of restraints promotes a therapeutic recovery environment that results in fewer patient assaults on other patients or staff.

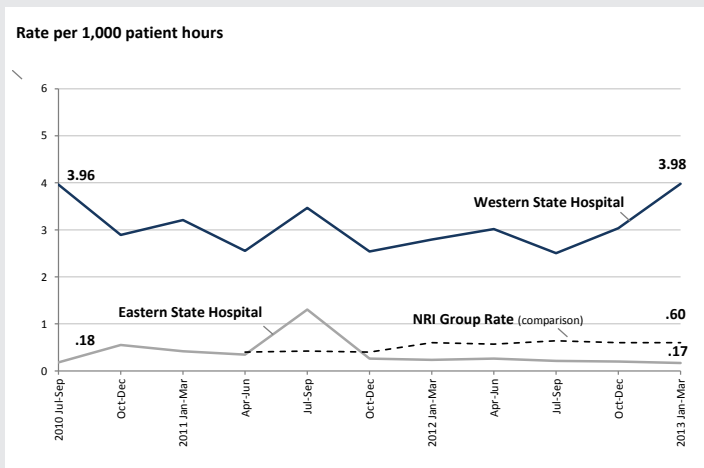
Success Measure: Maintain quarterly rates of restraint hours at Eastern State Hospital at 0.17 per 1,000 patient hours. Decrease the quarterly rates of restraint hours at Western State Hospital from an average of 3.02 hours per 1,000 inpatient hours for FY 2012 and 2013 to 2.18 by the 4th quarter of FY 2015.

Action Plan:

- Continue staff training on managing patients who may be assaultive.
- Continue to provide training to assist staff in using clinical interventions that reduce the need for restraints.
- Eastern State Hospital will continue to help staff identify treatment options when the use of restraints is imminent. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Each member of the Western State Hospital Executive Leadership Team will continue to hold daily briefings with staff to assess the use of restraints. As a result of the briefing the following actions may be taken:
 - On-site conferencing with the registered nurse or medical doctor to review the patient's status
 - Revision of the patient's treatment plan
 - Provision of clinical guidance, and support

Leadership also will use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target specific interventions to the needs and challenges of specific areas of the hospital.

Quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital



Strategic Objective 10: Decrease the quarterly rates of seclusion hours and restraint hours at Child Study and Treatment Center.

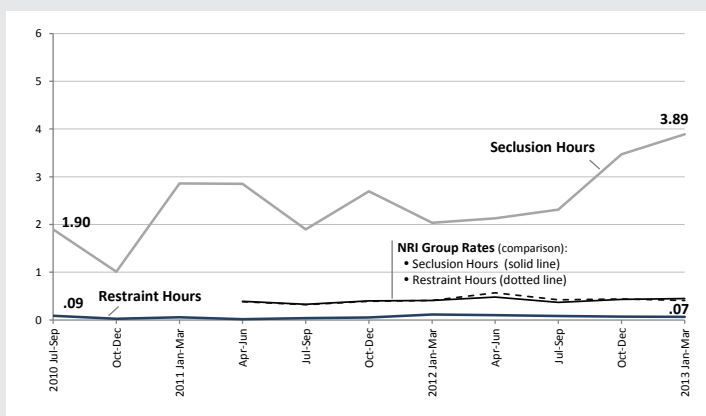
Importance: Reduced rates of seclusion and restraint promote a therapeutic recovery environment that results in fewer assaults on other patients or staff.

Success Measure: Decrease the quarterly rates of seclusion hours at the Child Study and Treatment Center from the current 3.6 per 1,000 patient hours to 2.28 per 1,000 patient hours by July 2015 and maintain quarterly rates of restraint hours at 0.07 per 1,000 patient hours.

Action Plan:

- Child Study and Treatment Center is implementing a new crisis behavioral intervention and de-escalation program center-wide (i.e., the Crisis Prevention Institute's Nonviolent Crisis Intervention Program).
- Continue the Strategic Plan Workgroup on Workplace Violence.

Quarterly rates of seclusion hours and restraint hours at the Child Study and Treatment Center



Strategic Objective 11: Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.

Importance: Active treatment increases cognitive functioning and promotes wellbeing. When an individual has a mental disorder that requires professional evaluation and treatment, that individual should be treated in the most appropriate setting available to meet the individual's medical needs.

Success Measure: Increase the average number of hours of active treatment received per patient per week at Eastern State Hospital. Increase the average number of hours of active treatment received per patient per week at Western State Hospital from an average of 15.85 hours for FY 2013 to an average of 20.05 hours by the 4th quarter of FY 2015. (NOTE: Target for ESH is under development)

Action Plan:

- Western State Hospital Executive Leadership Team members have been assigned wards to conduct patient rounds. During rounds, the number of patients not engaged in active treatment will be noted and investigated by working with ward staff to identify and address the lack of participation.
- Each week, Western State Hospital Executive Leadership Team members review the average number of hours of active treatment per patient, by unit. Active treatment hours provided during treatment groups on the recovery malls are currently reported. An effort will be made to improve the documentation of additional ad-hoc active treatment provided on the unit so that all treatment activities can be captured.
- Eastern State Hospital Clinical Directors will make daily patient rounds to identify the patients not engaged in active treatment and work with their treatment teams to develop a plan to engage the patient in active treatment that meets the patient's individual needs.

Strategic Objective 12: Increase the number of individuals with high medical risks receiving DSHS chronic care management by the end of 2015. (Note: the data for increased number is being compiled).

Importance: Individuals with high medical risk factors often have low engagement in managing their health needs. This results in poor health outcomes for the individual and higher health care costs for the state. Health homes provide care coordinators who can assist individuals to self-manage their chronic conditions and take charge of their health care. Care coordinators also provide support to ensure that individuals' complex care needs are met.

Success Measure: Improve health outcomes for individuals with high medical risk factors.

Action Plan:

- Transition Chronic Care Management to Health Home Services. This measure will be replaced as soon as health home data is available. This measure will be a shared measure with the Health Care Authority (HCA) and other DSHS Administrations. Beginning in July 2013, Health Home Services include strategies to increase individuals' engagement in their own health care and coordination of primary care, acute care, behavioral health and long-term services.

DSHS Goal 2: Safety - Each individual and each community will be safe.

Strategic Objective 1: Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

Importance: Individuals with mental illness in jails should receive timely access to forensic inpatient competency evaluations.

Success Measure: Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital from a current average of 27 days each month to 0 (zero) by July 2015.

Action Plan:

- State hospitals will continue to implement monitoring and use of the Forensic Backlog Work Plan.
- Ongoing efforts to decrease the backlog of the forensic inpatient wait list include:
 - Making changes in the Personal Recognizance process at Western State Hospital.
 - Increasing communications with referring courts.
 - Increasing recruitment efforts for forensic staff at the state hospitals.
 - Standardizing competency evaluation reviews for inpatient forensic psychiatrists.
 - Redeploying psychiatrists to increase psychiatric coverage for forensic patient care.

DSHS Goal 4: Quality of Life - Each Individual in need will be supported to obtain the highest possible quality of life.

Strategic Objective 1: Increase rates of employment and earnings for those receiving BHSIA chemical dependency treatment.

Importance: Having a behavioral health problem increases the risk of unemployment. Studies indicate that unemployment itself increases the risk for mental health and substance use disorders. Focusing on employment is a strong prevention/intervention strategy.

Success Measure: Increase the rate of employment for individuals who receive BHSIA chemical dependency treatment from 24 percent currently to 30 percent by July 2015.

Action Plan:

- Continue two grant-funded recovery support programs (WA-CARES Recovery Support Services and Access to Recovery) that support employment goals of chemical dependency patients. These programs include vocational training, resume and interview coaching, clothing for work and transportation assistance to and from the job site.
- Incorporate vocational strategies in treatment plans in Pregnant and Parenting Women (PPW) programs. This includes adult education/GED preparation, college readiness, job skill assessment, employment plans, resume writing and clothing for work.

Additional Steps

BHSIA and Department administrations, are partnering with the Health Care Authority (HCA) to achieve the goal of care integration through the identification and implementation of new models of care delivery, organization and financing. BHSIA is implementing two different service delivery models to support the achievement of our goals. The first effort is to improve health care outcomes and contain health care costs through person-centered Health Home Services. Persons with high medical risk factors will receive supports to engage in improving their own health and their care will be coordinated across the medical, behavioral health and long term services and supports systems. The state has obtained a Medicaid State Plan Amendment to implement Health Home Services under section 2703 of the Affordable Care Act. Health homes will be fully implemented by October 2013. In addition, BHSIA will implement, in a specific geographic area, a full-risk managed care model of health delivery that coordinates Medicare and Medicaid medical, behavioral health and long-term services and supports to better serve the needs of the whole person. BHSIA will develop performance metrics for these service delivery models that will be included in the Department's core metrics.

Examples of metrics under consideration include:

- Percentage of all cause hospital readmissions within 30 days of discharge for participating Health Home clients
- Percentage of emergency room visits for ambulatory care-sensitive conditions associated with health home participants
- Percentage of beneficiaries with Health Action Plans within 90 days of enrollment
- Percentage of beneficiaries with fewer than 30 days between hospital discharge to first follow-up visit.

With the introduction of the behavioral health redesign to be implemented through legislation passed in 2013, BHSIA will lead an effort to:

- Review and assess system structures and finance mechanisms to identify the best ways to promote behavioral health system redesign;
- Design and implement a transparent quality management system, including development of performance and outcome measures, development of baseline and performance improvement targets for each outcome measure and analysis of current system capacity to implement outcome measure reporting; and
- Plan a phased implementation of public reporting of performance and outcome measures that allows for comparison of performance and levels of improvement between geographic regions of the state.

Additional Steps

BHSIA will have long-range systems outcomes to measure the success of the redesign. These outcomes will be shared across the delivery systems for mental health services, substance abuse treatment/prevention, long-term services and supports, and the Healthy Options plans for medical care. These outcomes are:

- Improved health status and wellness
- Increased participation in meaningful activities (including employment and education)
- Reduced involvement with the criminal justice system
- Reduction in avoidable utilization of and costs associated with hospital, emergency rooms, and crisis services
- Increased housing stability in the community
- Improved client satisfaction with quality of life
- Reduced population level disparities in access to treatment and treatment outcomes

Department of Social and Health Services

Behavioral Health and Service Integration Administration

